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SHARED ETHNICITY AS A CORRELATE OF ACCEPTANCE OF THE FORMERLY HOSPITALIZED MENTALLY ILL

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Abstract

This study looked at shared ethnicity of former mental patient and community member as a possible correlate of acceptance of the formerly hospitalized mental patient as a potential tenant. This study is an exploratory study with a comparative perspective using a design in which the willingness to accept a former mental patient as a renter in one of four groups is explored. Current research in this field has ignored the variable of shared ethnicity. The findings of this study did not reach the .05 level of significance, however the results seem to indicate that in some cases shared ethnicity is a positive correlate of acceptance of formerly hospitalized mental patients.

Introduction

Deinstitutionilization of long term mental patients and the contemporary focus on community based care for the mentally ill has given rise to a whole gamut of social services. Among the services provided by the community mental health movement in an attempt to minimize hospitalization, are mental health clinics (equipped to distribute and monitor the use of medication), lounge programs, group homes, individual and group psychotherapy and housing referral services. A major concern is the attitudes of the community towards the formerly hospitalized mentally ill because community acceptance is basic to successful rehabilitation. Lack of sensitivity to community attitudes has resulted in the destruction of group homes, harassment of former mental patients and discrimination by renters towards this group.

In this study shared ethnicity of community member and former mental patient as a possible correlate of acceptance of the former mental patient as a potential tenant was studied. This study is an exploratory study with a comparative perspective using a design in which the willingness to accept a former mental patient as a renter in one of four groups is explored. Current research in this field has ignored the variable of shared ethnicity.

Review of the Literature

Acceptance of former mental patients is operationalized in the literature as community tolerance of community based facilities, social distance, willingness

to provide accommodations to, to accept as a border and to accept as a co-worker. High education and lower age are predictors of acceptance (1,3,19). Only in the case of willingness to accept as a boarder was high age (no children at home) associated with acceptance (1). Knowledge about mental illness, in particular the ability to correctly identify it, is reported by some to be a positive correlate of acceptance (5, 9); and by others to be a correlate of rejection (12, 15). Higher economic status has been linked to greater degrees of acceptance (6, 17, 19).

Some researchers have found a positive linkage between subscription to the medical model of mental illness and acceptance, meaning that those who view mental illness as if it were a physical illness will be more accepting than those who do not (3). Others debate this point (18).

Some studies have found whites to be more accepting of former mental patients than blacks (19). More recent studies dispute these findings. They found that controlling for socioeconomic status, blacks and whites of similar status have similar attitudes (16).

There is little evidence available regarding sex as a predictor of acceptance. The available evidence indicates that females are more accepting of female co-workers bearing the label of mental patient than are males of similar male co-workers (7). Being married is a positive correlate of acceptance (19).

Certain characteristics of the mentally ill and characteristics attributed to the mentally ill have been found to be correlates of acceptance. The label "mentally ill" is the most debated of the predictors of acceptance. One group has linked the label with extreme rejection, (8, 4, 18, 11) others reject this contention (3). Some have made an effort to explain the differences as being a function of different research methodologies (2). Male former mental patients are rejected more readily than female former mental patients (10).

Behavior that differs from expected norms has been found to be a predictor of rejection (1). Rejection is influenced to a greater extent by how visibly behavior deviates from expected behavior than "on the pathology of the behavior from a mental health point of view." (13,14) Occupational prestige is a positive predictor of acceptance (10).

The help-source is a correlate of rejection, the most stigmatizing being the mental hospital. In the order of least rejection are psychiatrists, physicians and clergy (12).

The variables of sex, education, race and socioeconomic status have been found to be predictors of the degree of acceptance of former mental patients. One area which has received no attention in previous research is shared ethnicity of the mentally ill person and the community as possible correlate of acceptance.

Study Design

In this study, the hypothesis is that shared ethnic and racial background are correlates of acceptance. Using a purposive sample of Jews and Blacks, acceptance is operationalized as the willingness to rent living quarters to a former mental patient.

I replicated a design used by Page (11). In his study "Effects of the mental illness label in attempts to obtain accommodations", he compared former mental patients with ex-convicts. He had different callers who purported to either be former mental patients or ex-convicts, inquiring as to whether the rooms advertised were still available for rent.*

Subjects for the present study were sixteen individuals who had advertised rooms for rent during October, 1980, in the "Cleveland Jewish News" and fourteen from the "Call and Post", a Black weekly. In an attempt to insure that the renters were members of the ethnic groups, each phone number was checked in the Haynes Criss Cross Telekey Directory to determine the name and geographic location of the renter. This was felt to be a valid check as the neighborhoods are ethnically homogeneous.

One hundred and twenty calls were made to renters, sixty-four in the Jewish group and fifty-six in the Black group. Each of the renters received four phone calls. The four experimental conditions were a call made by a mental patient member of the same ethnic group, mental patient non-member of ethnic group, non-mental patient member of ethnic group and non-patient non-member of the ethnic group.

The calls were conducted in the following manner. For example the Black mental patient said almost verbatim, "yes my name is Delores Jones. I am Black, I should tell you that I am a patient now in a mental hospital, but I'm going to leave in a day or two, and I'm calling to find out if your room is still for rent or not." If the response was negative the caller said "thank you" and promptly hung up, without any further conversation. The other calls followed the same format, providing the renter with the information germane to the experimental condition.

All responses were regarded as being either a yes or no. If questions were asked by the renter, for example, "how long have you been sick" or "what were you in for" or if the renter was indecisive about the availability of the apartment, e.g. "I have somebody coming to see the apartment in a few minutes", the response was regarded as a no. The day and time the call was placed was recorded by the four callers in an effort to check that the apartments were still for rent.

The main results, i.e., the number of positive and negative responses obtained in the various conditions, are presented in Table 1, Table 2 presents the findings in percentages.

The hypothesis that shared ethnicity is a correlate of acceptance of former mental patients would seem to have some support from the data, although the difference did not reach the .05 level of significance in any case but one.

The smallest difference was in the Jewish landlord sample between Jewish and Non-Jewish Non-Mental Patients which was p/ .02. In the Jewish and Non-Jewish Mental Patient groups and the Black and Non-Black Non-Mental Patient groups, the difference in both cases was p/ .30. In the Black and Non-Black Mental Patient groups the difference was p/ .20.

Discussion

The results of this study would seem to indicate that under some conditions shared ethnicity would appear to be a correlate of acceptance. The present study is limited as it is not statistically significant; however, this may be due to the small sample size. As this was intended to be a descriptive study, it would appear to present evidence that shared ethnicity should be further explored as a correlate of acceptance and may in fact have some policy implications as far as placing former mental patients in the community.

Future studies should include a comparative perspective of acceptance among other ethnic groups as well and focus on varying attitudes among these groups towards the mentally ill and mental illness. As this study is an exploratory study I used a sample of Jews and Blacks as these two groups constitute separate communities in this metropolitan area and Blacks and Jewish renters were readily identified through their respective newspapers. The choice of groups for the study also reflects my own familiarity with these groups and my involvement at the time with the deinstitutionalization of former Jewish mental patients.

Although a traditional questionnaire would have rendered a larger sample with greater ease, I chose the above design. Attitudes measured by questionnaires are typically unrelated or only slightly related to actions. The correlation between attitudes and overt behavior are rarely above .30 and often near zero, and only seldom can as much as 10 percent of the variance in overt behavioral measures be accounted for by attitudinal data (20).

Further research in the area of correlates of acceptance of the formerly hospitalized mentally ill should incorporate ethnicity as a variable in multivariate designs. Agencies involved in placing former patients in the community should match the former patient and community along ethnic lines. This strategy should prove to be helpful in finding the most accepting communal setting for the former mental patient.

Appendix

Table 1
Chi Square
Jewish Sample
Non Mental Patients

	Jewish	Non Jewish	
yes	14 (9)	14 (9)	28
no	2 (2)	2 (2)	4
	16	16	32

X^2=5.54 p/ .02
df=1

Mental Patients

	Jewish	Non Jewish	
yes	9 (7.5)	6 (7.5)	15
no	7 (8.5)	10 (8.5)	17
	16	16	32

X^2=1.13 p/ .3

Black Sample
Non Mental Patients

	Black	Non Black	
yes	10 (8.5)	7 (8.5)	17
no	4 (5.5)	7 (5.5)	11
	14	14	28

X^2=1.34 p/ .3
df=1

Mental Patients

	Black	Non Black	
yes	8 (6)	4 (6)	12
no	6 (8)	10 (8)	16
	14	14	28

X^2=2.34 p/ .2
df=1

Table 2
Acceptance Rate in Percentage

Black Landlord Sample		Jewish Landlord Sample	
Caller		Caller	
Black	71%	Jew	87.5%
Non Black	50%	Non Jew	87.5%
Black Mental Patient	57%	Jewish Mental Patient	56%
Non Black Mental Patient	28%	Non Jewish Mental Patient	37.5%

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Notes

*After consulting the most recent Ethical Principles in the Conduct of Research with Human Participants (American Psychological Association, 1973) and conferring with colleagues I decided that may failure to make disclosure to renters did not violate ethical standards of conducting research with human subjects. I believe that this study does not compromise the dignity or welfare of the participants, e.g., calls were conducted in an innocuous fashion, callers were noncommittal in the face of a positive reply and polite in the face of a negative reply, anonymity of the renter was preserved by destroying renter's name and address before the calls were made. Additionally it should be noted that this study design has precedence in the literature, as for example the study design I replicated from Pages 1977 article in the Canadian Journal of Behavioral Science.

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